

**PLEASE READ THE INSTRUCTION FORM ENTITLED " REQUEST FOR BIRTH OR DEATH RECORD"
BEFORE FILING OUT THIS APPLICATION.**

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a death record.

◆ The parent or legal guardian of the registrant ◆ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code ◆ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. ◆ A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant ◆ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. ◆ Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

If applying in person the application must be signed in the presence of the cashier.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

☐ I am requesting an **AUTHORIZED** copy

☐ I am requesting an **INFORMATIONAL** copy

	NUMBER OF COPIES NUMERO DE COPIAS			FOR RECORDER USE ONLY _____
Month/Mes Day/Dia Year/Año				
Date of Death – Fecha De Defuncion				
NAME OF DECEASED (first, middle , last) –NOMBRE DE DIFUNTO (primer, segundo, apellido)				File Number Searched _____ Doubled _____
CITY OF DEATH – CIUDAD DE DEFUNCION				
RELATIONSHIP TO REGISTRANT (SEE ABOVE)				
I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date _____ Signature _____				

DL/ID _____

NAME/NOMBRE		
STREET ADDRESS/NUMERO Y CALLE		
CITY /CIUDAD	STATE/ESTADO	ZIP/ZONA POSTAL



COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

P.O. BOX 53120, LOS ANGELES, CALIFORNIA 90053-0120 (562) 462-2137

"Enriching Lives"

DEAN C. LOGAN
ACTING REGISTRAR-RECORDER/COUNTY
CLERK

CERTIFICATE OF IDENTITY/SWORN STATEMENT – BIRTH & DEATH

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth or Death Certificate. You must be one of the following to receive an authorized copy of a birth or death record: individual named on certificate, parent, legal guardian/custodian, child, grandparent, grandchild, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency.

This certificate must be signed in the presence of a Notary.

Name on Certificate	Relationship

If you are requesting more than 3 certificates please indicate the total number of certificates requested ____

I, _____, declare under penalty of perjury under the laws of the State of
(Print Name)

California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive a certified copy of the birth or death record for the individual(s) listed above.

Subscribed to the _____ day of _____, 20____, at _____,
(Day) (Month) (City) (State)

(Signature)

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
) ss
County of)

On _____, before me _____ personally appeared

(Insert name and title of officer here)

_____, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within the instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(NOTARY SEAL)

Notary Signature

R919 01/08